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212-319-1929

Richard Shepard, M.D.
140 W 69 St.
New York, NY 10023

1/3/13

Re: Paul Aiken

Dear Dr. Shepard,

I have seen the patient in follow up today.

Available for review I had the report of the EMG of the lower extremities indicating lumbosacral radiculopathy.

The MRI of the lumbar spine: postsurgical changes extending from L2- L5-S1 including multiple laminectomies and posterior bony fusion L4-S1.
Marked degenerative disc disease and grade 2 anterolisthesis at L5-S1 compromising the L5 neural foramina bilaterally right more than left.
Diffuse degenerative disc bulging and facet arthropathy L3-4 minimally narrowing the L3 neural foramina. Scoliosis and degenerative changes noted elsewhere without significant compromise of the canal or remainder of the neural foramina.
Stress fracture involving the right pedicle at T12 and possibly T11.
CT scan of the lumbar spine including the lowermost thoracic spine recommended for further evaluation.

The EMG of the upper extremities: right C6-7 radiculopathy, bilateral C4-5 radiculopathy.

The evoked potentials of the upper extremities: normal
The lower extremities: left central conduction defect.

MRI cervical spine: straightening of the cervical lordosis. Small posterior disc bulges/protrusions are noted at each level from C3-4 through C7-T1 deforming the thecal sac without significant stenosis of the canal or neural foramina noted.
Retention cyst polyps within the maxillary sinuses are incidentally noted.

CT scan thoracolumbar:

No evidence of fracture attention T12. Postsurgical changes with bilateral posterior bony fusion at L4-S1 with the fusion appearing intact without evidence of pseudoarthrosis.

Grade 2 anterolisthesis L5-S1 with degenerative disc disease and compromise of the L5 neural foramina bilaterally right more than left.

Degenerative disc disease L3-4 with narrowing of the right L3 neural foramen.

Scoliosis and less significant degenerative changes elsewhere without significant stenosis of the canal or remainder of the neural foramina.

The blood tests by the primary care physician were negative.

The patient's options were discussed at length.

Consultation with a pain physician versus a surgical approach to his lumbar spine disease was discussed because of his grade 2 anterolisthesis.

At this time, I believe there is no need for further neurological intervention on my behalf. The patient is welcome to return to my office at any time.

As customary in my office a copy of the medical records was given to the patient.

Thank you for allowing me to help care for your patient.

Sincerely,

Ramon Valderrama, M.D.
Dictated and not read